

County: Winnebago
OAKRIDGE GARDENS NURSING CENTER
1700 MIDWAY ROAD

Facility ID: 6620

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MENASHA 54952 Phone: (920) 739-0111
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/01): 111
Total Licensed Bed Capacity (12/31/01): 111
Number of Residents on 12/31/01: 108

Ownership:
Highest Level License:
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 105

Corporation
Skilled
No
Yes
Yes
105

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		39.8
Supp. Home Care-Personal Care	No					1 - 4 Years		33.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.7	More Than 4 Years		26.9
Day Services	No	Mental Illness (Org./Psy)	16.7	65 - 74	3.7			-----
Respite Care	No	Mental Illness (Other)	5.6	75 - 84	36.1			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	40.7	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	15.7	Full-Time Equivalent		
Congregate Meals	No	Cancer	2.8		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	3.7		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	18.5	65 & Over	96.3	-----		
Transportation	No	Cerebrovascular	19.4		-----	RNs		11.0
Referral Service	No	Diabetes	8.3	Sex	%	LPNs		7.2
Other Services	Yes	Respiratory	2.8		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	22.2	Male	20.4	Aides, & Orderlies		
Mentally Ill	No		-----	Female	79.6			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care		Managed Care			Total Resi - dents	% Of All		
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)					
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	9	100.0	158	61	89.7	104	0	0.0	0	28	93.3	139	0	0.0	0	1	100.0	158	99	91.7
Intermediate	---	---	---	7	10.3	84	0	0.0	0	2	6.7	137	0	0.0	0	0	0.0	0	9	8.3
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	9	100.0		68	100.0		0	0.0		30	100.0		0	0.0		1	100.0		108	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				

Percent Admissions from		Activities of	%	% Needing Assistance of	% Totally Dependent	Total Number of Residents
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One Or Two Staff		
Private Home/With Home Health	4.3	Bathing	0.0	81.5	18.5	108
Other Nursing Homes	1.9	Dressing	11.1	78.7	10.2	108
Acute Care Hospitals	92.4	Transferring	13.9	75.9	10.2	108
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	13.0	71.3	15.7	108
Rehabilitation Hospitals	0.0	Eating	44.4	47.2	8.3	108
Other Locations	1.4	*****				
Total Number of Admissions	210	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	5.6		Receiving Respiratory Care	7.4
Private Home/No Home Health	38.9	Occ/Freq. Incontinent of Bladder	38.0		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	6.2	Occ/Freq. Incontinent of Bowel	19.4		Receiving Suctioning	0.0
Other Nursing Homes	5.7				Receiving Ostomy Care	3.7
Acute Care Hospitals	11.4	Mobility			Receiving Tube Feeding	0.9
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	4.6		Receiving Mechanically Altered Diets	26.9
Rehabilitation Hospitals	0.0					
Other Locations	12.8	Skin Care			Other Resident Characteristics	
Deaths	25.1	With Pressure Sores	4.6		Have Advance Directives	93.5
Total Number of Discharges		With Rashes	8.3		Medications	
(Including Deaths)	211				Receiving Psychoactive Drugs	50.9

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	94.6	82.7	1.14	83.8	1.13	84.3	1.12	84.6	1.12
Current Residents from In-County	63.0	82.1	0.77	84.9	0.74	82.7	0.76	77.0	0.82
Admissions from In-County, Still Residing	12.9	18.6	0.69	21.5	0.60	21.6	0.60	20.8	0.62
Admissions/Average Daily Census	200.0	178.7	1.12	155.8	1.28	137.9	1.45	128.9	1.55
Discharges/Average Daily Census	201.0	179.9	1.12	156.2	1.29	139.0	1.45	130.0	1.55
Discharges To Private Residence/Average Daily Census	90.5	76.7	1.18	61.3	1.48	55.2	1.64	52.8	1.71
Residents Receiving Skilled Care	91.7	93.6	0.98	93.3	0.98	91.8	1.00	85.3	1.07
Residents Aged 65 and Older	96.3	93.4	1.03	92.7	1.04	92.5	1.04	87.5	1.10
Title 19 (Medicaid) Funded Residents	63.0	63.4	0.99	64.8	0.97	64.3	0.98	68.7	0.92
Private Pay Funded Residents	27.8	23.0	1.21	23.3	1.19	25.6	1.09	22.0	1.26
Developmentally Disabled Residents	0.0	0.7	0.00	0.9	0.00	1.2	0.00	7.6	0.00
Mentally Ill Residents	22.2	30.1	0.74	37.7	0.59	37.4	0.59	33.8	0.66
General Medical Service Residents	22.2	23.3	0.95	21.3	1.04	21.2	1.05	19.4	1.14
Impaired ADL (Mean)	48.3	48.6	0.99	49.6	0.97	49.6	0.97	49.3	0.98
Psychological Problems	50.9	50.3	1.01	53.5	0.95	54.1	0.94	51.9	0.98
Nursing Care Required (Mean)	6.5	6.2	1.05	6.5	1.00	6.5	0.99	7.3	0.88